

LEADerShip at a Glance

CHLNet’s “Top Three” Suggested LEADS Readings for COVID-19¹

Geerts JM, Kinnair D, Taheri P, Abraham A, Ahn J, Atun R, Barberia L, Best NJ, Dandona R, Dhahri AA, Emilsson L. Guidance for Health Care Leaders During the Recovery Stage of the COVID-19 Pandemic: A Consensus Statement. [JAMA Network Open](#). 2021 Jul 1;4(7):e2120295.

Summary:

This article summarizes answers to the following question: *What leadership imperatives are most essential for health leaders following the emergency stages of the COVID-19 pandemic?* 32 coauthors from 17 countries with expertise in various aspects of health leadership, health care, public health, and related fields outline 10 imperatives to guide leaders through recovery from the emergency stages of the pandemic. Key leadership capabilities and reflection questions are presented to guide leaders and to structure performance reviews.

The 10 imperatives in the framework are: (1) acknowledge staff and celebrate successes; (2) provide support for staff well-being; (3) develop a clear understanding of the current local and global context, along with informed projections; (4) prepare for future emergencies (personnel, resources, protocols, contingency plans, coalitions, and training); (5) reassess priorities explicitly and regularly and provide purpose, meaning, and direction; (6) maximize team, organizational, and system performance and discuss enhancements; (7) manage the backlog of paused services and consider improvements while avoiding burnout and moral distress; (8) sustain learning, innovations, and collaborations, and imagine future possibilities; (9) provide regular communication and engender trust; and (10) in consultation with public health and fellow leaders, provide safety information and recommendations to government, other organizations, staff, and the community to improve equitable and integrated care and emergency preparedness system-wide.

Leaders who most effectively implement this framework are ideally positioned to address urgent needs and inequalities in health systems and to cocreate a culture within their organizations that best serves its people.

LEADS Link: Almost all—if not all of the ten imperatives—can be easily linked to the LEADS framework. For example, ‘acknowledge staff and celebrate successes’, ‘provide regular communication and engender trust’, and ‘provide support for staff well-being’, are ways to achieve the **Engage Others** capability of *Contributes to the creation of a healthy organization*. The imperatives, ‘develop a clear understanding of the current local and global context, along with informed projections’, ‘prepare for future emergencies (personnel, resources, protocols, contingency plans, coalitions, and training)’, and ‘sustain learning, innovations, and collaborations, and imagine future possibilities’ reflect the capabilities of the **Systems Transformation** domain.

¹ As recommended by Dr. Graham Dickson (CHLNet Senior Research Advisor)

Havaei F, Ma A, Staempfli S, MacPhee M. Nurses' Workplace Conditions Impacting Their Mental Health during COVID-19: A Cross-Sectional Survey Study. [Healthcare](#) 2021 Jan (Vol. 9, No. 1, p. 84). Multidisciplinary Digital Publishing Institute.

Summary:

A major consideration amongst all CHLNet member partners is the future health of our workforce. This article profiles some of the challenges and solutions to maintaining mental health for nurses, who are at significant risk of COVID-19 exposure and mortality due to their workplace conditions, including shortages of personal protective equipment (PPE), insufficient staffing, and inadequate safety precautions.

The purpose of this study was to examine the impact of COVID-19 workplace conditions on nurses' mental health outcomes. A cross-sectional correlational design was used. An electronic survey was emailed to nurses in one Canadian province between June and July of 2020. A total of 3676 responses were included in this study. The authors found concerning prevalence rates for post-traumatic stress disorder (47%), anxiety (38%), depression (41%), and high emotional exhaustion (60%). Negative ratings of workplace relations, organizational support, organizational preparedness, workplace safety, and access to supplies and resources were associated with higher scores on all of the adverse mental health outcomes included in this study. Better workplace policies and practices are urgently required to prevent and mitigate nurses' suboptimal work conditions, given their concerning mental health self-reports during the COVID-19 pandemic.

Link to LEADS: During times of COVID-19, the inadequacies of employee and professional knowledge worker engagement—even prior to the pandemic—has become illuminated as a major concern. The LEADS framework, through its emphasis on leadership capabilities needed to [Lead Self](#), [Engage Others](#) and [Achieve Results](#), highlights the fact that as leaders in health care, we may not have been paying enough attention to the personal thoughts, behaviours, and practices we as leaders have implemented to create the workplace conditions so necessary for nurses, doctors, and other professionals and employees, to support the maintenance of their mental and physical health.

Reyes DL, Bisbey T, Day D, Salas E. Translating 6 key insights from research on leadership and management in times of crisis. [BMJ Leader](#). 2021 Jun 4: leader-2020.

Summary:

Certain leadership behaviours are particularly helpful for healthcare teams to remain effective through crisis situations, such as the Covid-19 pandemic. This paper summarizes evidence-based insights based on their importance and prevalence in the crisis leadership literature to provide recommendations that apply to medical team leaders broadly construed. We recommend that leaders adopt these behaviours in conditions of intense difficulty, uncertainty, as well as physical and psychological peril.

The six key insights are: (1) remain optimistic when communicating a vision, (2) adapt to the changing situation by deferring to team members' expertise, (3) support organizational resilience by providing relational resources, (4) be present to signal commitment, (5) be empathetic to help prevent burnout, and (6) be transparent in order to remain trustworthy.

Link to LEADS: All six insights relate directly to the [Lead Self](#) and [Engage Others](#) domains of LEADS. For example, remaining optimistic is an internal demand relative to [Lead Self](#); whereas communicating a vision is an external behaviour commensurate with the *Communicate effectively* capability of [Engage Others](#).